



Release of Liability Waiver: Facial – Microdermabrasion - Peel



Client History

1. Have you undergone any surgery in the last nine months?

Please Specify _____

2. Do you have any of these health problems past or present?

- | | |
|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hormone Imbalance |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Broken Capillaries |
| <input type="checkbox"/> Fever / Sickness | <input type="checkbox"/> Bruise Easily |
| <input type="checkbox"/> Cold Sores | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Other: _____ | |

3. List any medications and vitamins that you take regularly.

Medications _____

Vitamins _____

4. Do you:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use Retin-A? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever used Accutane? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use salicylic acid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use Renova | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use Beta/Alpha Hydroxy Acids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Follow restrictive diet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exercise regularly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have regular sleep patterns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you pregnant / trying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drink caffeinated beverages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Age: Under 21 21-30 31-40 41-50 Over 50

6. How much plain water do you consume daily?

Please Specify: _____

Skin Condition

1. Do you experience skin break-outs? ☐ Yes ☐ No

2. Do you ever experience these conditions on your skin?

☐ Flakiness ☐ Tightness ☐ Dryness

3. If you sunbathe, do you use sunscreen / sunblock?

☐ Yes SPF _____ ☐ No

4. Do you burn easily in moderate sunlight? ☐ Yes ☐ No

5. Do you have a tendency to redness? ☐ Yes ☐ No

6. Have you ever had a reaction to the following?

- | | | |
|--------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Animals | <input type="checkbox"/> Bee Products |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Oils | <input type="checkbox"/> Fragrance |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> Nuts | <input type="checkbox"/> Sunscreens |
| <input type="checkbox"/> Other _____ | | |

7. Do you have any other skin conditions we should be aware of?

8. What types of skin care products are you currently using?

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bar Soap | <input type="checkbox"/> Toner | <input type="checkbox"/> Masque |
| <input type="checkbox"/> Cleanser | <input type="checkbox"/> Moisturizer | <input type="checkbox"/> Scrub / Peel |
| <input type="checkbox"/> Other _____ | | |

9. What temperature of water do you cleanse with?

☐ Cool ☐ Warm ☐ Hot

10. What type of massage do you prefer?

☐ Light ☐ Medium ☐ Deep

11. What type of massage lotion do you prefer?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Unscented | <input type="checkbox"/> Kukui Nut / Coconut |
| <input type="checkbox"/> Lavender | <input type="checkbox"/> Orange Blossom |

Esthetician Notes

Most client suffer no adverse side effects from facial, microderm and peel treatments. However, side effects can include but are not limited to; mild redness, dry skin, and swelling, all of which are temporary.

I confirm to the best of my knowledge, that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. All information will be kept strictly confidential.

I agree to hold Spa Escape, and its employees harmless for any and all side effects, which may result from my informed decision to receive a facial, microderm, or peel treatment. I have read and understand the above release of liability waiver and hereby give my consent to receive the facial, microderm, or peel treatment.

Name (please print): _____

Signature: _____ Date: _____